

DEC. 22, 2005 9:58PM

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TELEFAX

Date: December 22, 2005

Total pages: 26 with fax
cover

To: USPTO

Telephone: **571-272-8300**

From: Patrea L. Pabst

Telephone: **404-879-2151** Telefax: **404-879-2160**

Our Docket No. CP 102

Client/Matter No. **085337-00009**

Your Docket No.

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jane C. Hirsh, Kamal K. Midha, and Whe-Yong Lo

Patent No.: 09/858,016 Art Unit: 1616

Filed: May 15, 2001 Examiner: Sharmilas Gollamudi

For: **PHARMACEUTICAL COMPOSITION FOR BOTH INTRAORAL AND ORAL
ADMINISTRATION**

MAIL STOP AF
Attachments:

Transmittal Form PTO/SB/21;
Fee Transmittal PTO/SB/17; and
Amendment and Response

{45057899.1}

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PTO/SB/21 (08-04)

Approved for use through 07/31/2008, OMB 0651-0031

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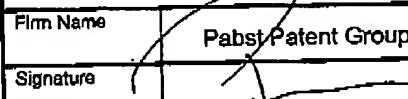
Total Number of Pages in This Submission

Application Number	09/858,016
Filing Date	May 15, 2001
First Named Inventor	Jane Hirsh
Art Unit	1616
Examiner Name	Sharmila S. Gollamudi
Attorney Docket Number	CP 102

ENCLOSURES (Check all that apply)

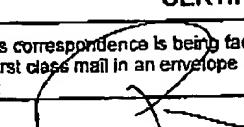
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patricia L. Pabst		
Date	December 21, 2005	Reg. No.	31,284

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018). FEE TRANSMITTAL For FY 2005		Complete If Known	
		Application Number	09/858,016
		Filing Date	May 15, 2001
		First Named Inventor	Jane Hirsh
		Examiner Name	Sharmila S. Gollamudi
		Art Unit	1616
		Attorney Docket No.	CP 102
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$0.00)			

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
25 - 25 or HP =	0 x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			

3 - 3 or HP = 0 x = _____
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	/50 = _____ (round up to a whole number) x _____ = _____		<u>Fee Paid (\$)</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. 31,284	Telephone (404) 879-2151
Signature			
Name (Print/Type)	Patrea L. Pabst		
		Date December 27, 2005	

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CP 102 / 085397-00009

DEC 22 2005

AMENDMENT UNDER 37 C.F.R. 1.116
EXPEDITED PROSECUTION
ART UNIT 1616

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jane Hirsh, Mark Hirsh, Whe-Yong Lo, and Kamal K. Midha

Serial No.: 09/858,016 Art Unit: 1616

Filed: May 15, 2001 Examiner: Gollamudi, Sharmila S.

For: *PHARMACEUTICAL COMPOSITION FOR BOTH INTRAORAL AND ORAL
ADMINISTRATION*Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

Responsive to the Office Action mailed on September 23, 2005, please amend the application as follows. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.